



SELF REPORTED PREDICTORS OF DEPRESSIVE SYMPTOMATOLOGY IN AN ELDERLY POPULATION WITH TYPE 2 DIABETES MELLITUS

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OBJECTIVE: Depression is a recurrent and chronic disorder among elderly patients with chronic medical conditions. The objective of this study was to determine predictors of depressive symptomatology in elderly population with type 2 diabetes mellitus. **METHODS:** A cross sectional study was conducted by administering a health status assessment questionnaire to nearly 1000 older adults (≥ 65 years) with type 2 diabetes mellitus in the southern United States (Response rate: approximately 85%). The instrument collected information related to demographics, general health status, clinical conditions, medication use, lifestyle, functional status and prior health care service utilization. The Short Form Center for Epidemiologic Studies Depression scale was used to assess depressive symptoms. Partial correlations and multivariate logistic regression analyses were conducted using the linked survey and health care claims data. **RESULTS:** Of the 885 respondents, about 17% had depressive symptoms. Most participants (60%) were women with mean age of 71 (± 8.7) years. Almost 96.7% of patients were using 1 or more antidiabetic medications. Overall, higher general health status was associated with lower level of depression (OR: 0.38, 95% CI: 0.23–0.61). However, impairments in daily activities were associated with higher depression (OR: 1.25, 95% CI: 1.08–1.44). When categorized by type of antidiabetic therapy based on actual prescription claims data, we found that increased number of prescriptions was associated with higher risk of depressive symptoms (OR: 2.39, 95% CI: 1.05–5.44) in patients

on insulin compared to those other therapies. In addition, higher risk of depressive symptoms was associated with self reported number of falls (OR: 2.17, 95% CI: 1.1–4.28), and emergency room visits (OR: 1.57, 95% CI: 1.11–2.22) in the previous year in patients on sulphonyl ureas. **CONCLUSION:** General health status and impairments in daily activities were predictors of depressive symptomatology in elderly with diabetes. Determinants of depression varied according to pharmacotherapeutic class of antidiabetic medications.

DB3

QUALITY OF LIFE IN PEOPLE WITH AND AT RISK FOR TYPE 2 DIABETES: FINDINGS FROM THE STUDY TO HELP IMPROVE EARLY EVALUATION AND MANAGEMENT OF RISK FACTORS LEADING TO DIABETES (SHIELD)

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OBJECTIVE: To measure quality of life of people with type 2 diabetes (T2D) and those with varying risk levels for T2D in the baseline survey of the Study to Help Improve Early evaluation and management of risk factors Leading to Diabetes (SHIELD), a 5-year longitudinal study. **METHODS:** A 64-item baseline survey was sent to 22,001 people who self-reported T2D or varying numbers of risk factors (RF) associated with T2D diagnosis: abdominal obesity, high body mass index, hypertension, dyslipidemia, and history of cardiovascular events. Among other items, respondents completed the Short Form-12 version 2 (SF-12) and EuroQol—Five Dimension scale (EQ-5D). Norm-based scoring (population mean = 50) was used for the SF-12. For both scales, higher scores indicate better quality of life. **RESULTS:** Surveys were returned by 17,640 individuals (80% response rate). Mean SF-12 physical component summary scores for respondents with T2D and those with 3–5 RF were similar (39.5 and 41.7, respectively) and substantially lower than for those with 0–2 RF (50.6). Mean ratings of overall health on the EQ-5D 0–100 visual analog scale were significantly higher for respondents with 0–2 RF (79.6) than for those with 3–5 RF (70.4) or T2D (66.8). Examination of individual domains of the SF-12 revealed remarkably similar scores between the T2D and 3–5 RF groups on all domains, and significant decrements compared with the 0–2 RF group for all domains except mental health. These two groups also exhibited similar profiles over EQ-5D dimensions, with the largest impacts on mobility, usual activity, and pain/discomfort. **CONCLUSIONS:** Findings from SHIELD reveal remarkably similar ratings of health-related quality of life in people with T2D and those at increased risk for diabetes, with considerably worse quality of life than those at lower levels of risk for diabetes.

DB4

STRESS AND COPING STRATEGIES ASSOCIATED WITH PHYSICAL AND MENTAL HEALTH-RELATED QUALITY OF LIFE (HRQOL) IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

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OBJECTIVES: To identify stress and coping strategies associated with physical and mental HRQoL in primary care patients with type 2 diabetes mellitus (T2DM). **METHODS:** Primary care patients with T2DM from three primary care clinics completed questionnaires during their regularly scheduled clinic appoint-